

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

100 / 580635

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8	1					
9		1				
10	1					
11		1				
12		1				
13		1				
14	1					
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17	1					
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41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48	1					
49		1				
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58	1					
59		1				
60		1				
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63		1				
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96						
97						
98						
99						
100						
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	50	←		←		←
TOTAL CLAIMS	63					